PTO/SB/06 (07-06)

Approved for use through 1/31/2007. OMB 0651-0032

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PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875							Application or Docket Number 10/541,269			ing Date 08/2006	To be Mailed
APPLICATION AS FILED – PART I (Column 1) (Column 2)							SMALL ENTITY Π				HER THAN
Н	FOR	l N	NUMBER FILED		NUMBER EXTRA		RATE (\$)	FEE (\$)	OR	RATE (\$)	FEE (\$)
	BASIC FEE (37 CFR 1.16(a), (b), (-	N/A	LD NO	N/A		N/A	TEE (a)	1	N/A	TEE (0)
┢	SEARCH FEF	or (c))	N/A		N/A		N/A		1	N/A	
H	(37 CFR 1.16(k), (i), (ii)		N/A		N/A		N/A		ł	N/A	
	(37 CFR 1.16(o), (p), (TAL CLAIMS	or (q))	minus 20 =				x \$ =		OR	x s =	
INE	CFR 1.16(i)) EPENDENT CLAIM	S	minus 3 = *			ı	x s =		-	x s =	
(37	CFR 1.16(h))	If the		ation and drawin	as exceed 100	ı			1	-	
	APPLICATION SIZE (37 CFR 1.16(s))	FEE shee is \$2 addit	ts of pap 50 (\$125 ional 50 :	n size fee due							
	MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.18(j))]		
* If	* If the difference in column 1 is less than zero, enter "0" in column 2.]	TOTAL	
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AMENDMENT	CLAIMS		_	HIGHEST	, ,		01171	L LIVIIII	T	T	
	03/30/2010	REMAINING AFTER AMENDMENT		NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)
	Total (37 CFR 1.16())	· 21	Minus	~ 21	= 0		x \$ =		OR	X \$52=	0
	Independent (37 CFR 1.16(h))	• 3	Minus	 3	= 0		x \$ =		OR	X \$220=	0
	Application Size Fee (37 CFR 1.16(s))										
_	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.18(j))								OR		
							TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	0
(Column 1) (Column 2) (Column 3)											
AMENDMENT		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)
	Total (37 CFR 1.1601)		Minus		-	i	x \$ =		OR	x s =	
No.	Independent (37 CFR 1/16(h))		Minus	***	-	1	x \$ =		OR	x \$ =	
ΙÄ	Application Size Fee (37 CFR 1.16(s))					1			1		
AM	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))								OR		
									OR	TOTAL ADD'L FEE	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3". The "Highest Number Previously Paid For" (Total or independent) is the highest number found in the appropriate box in column 1.											

This collection of information is equated by 37 CER 1.10. The information is required to obtain or retain a benefit by the public which is in life (and by the USETO to noceess) an implication. Confidentially is governed by 85 USE of 22 and 37 CER 1.4. If this collection is estimated to state 2 relativeste to complete in excluding patternity, preparing, and submitting the completed application form to the USETO. Time will very depending upon the individual case. Any comments on the amount of time you require to complete this form and/or segeocomes for reducing this burford, ashed be sent to the CENTED (Formation 4). The complete is complete in the complete of application form to the USETO. Time will very depending upon the individual case. Any comments on the amount of time you require to complete this form and/or segeocomes for reducing this burford, ashed be sent to the CENTED (Formation 4). The comment of time you require to complete this form and/or segeocomes for reducing this burford, ashed be sent to the CENTED FORMS TO THIS ADDRESS SEND TO: Commissioner for Patternity F.O., Box 1459, J.O. Box 1459, J.O. Box 1450, J.O. Box